



U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

Date Recd:

USE ONLY

Old or _____
R_Ltd _____
od_r _____
up_tr _____

Reference No.

OWNER INFORMATION (Type or Print)

[Redacted] No. _____

DEFECTS INVESTIGATION OFFICE

Daytime Telephone Number

City St. Albansville State GA Zip Code _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 11/12/02

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) <u>1G2WJ52K6VF234655</u>		Make <u>PONTIAC</u>	Model <u>GFS GRAND PRIX</u>	Year <u>1997</u>	
Purchased Date <u>26.678.40</u>	Dealer's Name <u>HAYDOY PONTIAC GMC TRUCK INC. N. DODD</u>	Engine Size (CID/CC/L) <u>4</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>COLUMBUS</u>	State <u>GA</u>	Zip Code <u>31928</u>	No. Cylinders <u>4</u>	
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>HEADLIGHT LENS COVER ?</u>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures <u>10/96</u>	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of incident(s), Failure(s), Crash(es), and Injury(ies).

HEADLIGHT
Car Purchased 10/96 - LENS COVER ON LEFT SIDE FELL OFF ON 8/6/1998.
MURSE CREDIT CO. LET RANGI RAYMOND AND
IT WAS REPLACE 1/2/99. I PAID 223.65 BUT WAS REIMBURSED AFTER
CALLING PONTIAC MANUFACTURER. IT FELL OFF AGAIN AND WAS REPLACED
AT DALLAS AUTOMOTIVE ON 4/10/02 AT A COST OF 98.00 + TAX WITH A 30% DISC.
ON OR ABOUT 10/1/02 I DISCOVERED THE RIGHT SIDE LENS COVER
HAD FALLEN OFF. HAS NOT BEEN REPLACED. LENS
THIS SEEMS TO BE A FLAW IN THE HEADLIGHT COVER

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail return free or fax to 202-368-7882